

<i>SERFF Tracking Number:</i>	<i>MUTM-126570859</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Mutual of Omaha Insurance Company</i>	<i>State Tracking Number:</i>	<i>45389</i>
<i>Company Tracking Number:</i>	<i>MIKE DILORENZO</i>		
<i>TOI:</i>	<i>H04 Health - Blanket Accident/Sickness</i>	<i>Sub-TOI:</i>	<i>H04.000 Health - Blanket Accident/Sickness</i>
<i>Product Name:</i>	<i>2010 6425M REV 04-10 Benefit Provision</i>		
<i>Project Name/Number:</i>	<i>2010 6425M REV 04-10 Benefit Provision/6425M REV 04-10</i>		

Filing at a Glance

Company: Mutual of Omaha Insurance Company

Product Name: 2010 6425M REV 04-10 Benefit SERFF Tr Num: MUTM-126570859 State: Arkansas

Provision

TOI: H04 Health - Blanket Accident/Sickness SERFF Status: Closed-Approved- State Tr Num: 45389
Closed

Sub-TOI: H04.000 Health - Blanket Co Tr Num: MIKE DILORENZO State Status: Approved-Closed
Accident/Sickness

Filing Type: Form

Authors: Mary Cleasby, June
Rodgers, Mike DiLorenzo, Kristin
Miller

Reviewer(s): Rosalind Minor
Disposition Date: 04/09/2010

Date Submitted: 04/09/2010

Disposition Status: Approved-
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: 2010 6425M REV 04-10 Benefit Provision

Project Number: 6425M REV 04-10

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The domicile state
of Nebraska was filed on or about the same
date.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Filing Status Changed: 04/09/2010

Market Type: Group

Group Market Size: Large

Group Market Type: Blanket

Explanation for Other Group Market Type:

State Status Changed: 04/09/2010

Created By: Mary Cleasby

Corresponding Filing Tracking Number:

Deemer Date:

Submitted By: Kristin Miller

Filing Description:

RE: Mutual of Omaha Insurance Company

NAIC #261-71412 FEIN #47-0246511

Blanket Accident Coverage

SERFF Tracking Number: MUTM-126570859 State: Arkansas
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TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness
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6425M REV 04-10 Benefit Provision

Enclosed please find the above-captioned form submitted in final printed format for review and approval. It is new and is not intended to replace any previously approved forms. This form contains no unusual or controversial items according to normal company and industry standards. It will be marketed through agents and brokers.

This benefit provision is for use with previously approved blanket forms. It provides accident medical expense benefits for eligible medical expenses.

This form contains no unusual or controversial items according to normal company and industry standards. To the best of my knowledge, this form complies with all of your applicable statutes.

Your review and approval of this submission will be greatly appreciated. Please feel free to contact me if you have any questions or concerns.

Sincerely,

Mike DiLorenzo
Senior Product and Advertising Compliance Analyst
Regulatory Affairs
Phone: 402-351-5979
Fax: 402-351-5298
E-mail: mike.dilorenzo@mutualofomaha.com

Company and Contact

Filing Contact Information

Mike DiLorenzo, Senior Product & Advertising Compliance Analyst
mike.dilorenzo@mutualofomaha.com
Mutual of Omaha 402-351-5979 [Phone]
Mutual of Omaha Plaza 402-351-5298 [FAX]
Omaha, NE 68175

Filing Company Information

Mutual of Omaha Insurance Company	CoCode: 71412	State of Domicile: Nebraska
Mutual of Omaha Plaza	Group Code: 261	Company Type: Health Insurance
Omaha, NE 68175	Group Name:	State ID Number:

SERFF Tracking Number: MUTM-126570859 State: Arkansas
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Product Name: 2010 6425M REV 04-10 Benefit Provision
Project Name/Number: 2010 6425M REV 04-10 Benefit Provision/6425M REV 04-10
(402) 351-6420 ext. [Phone] FEIN Number: 47-0246511

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Mutual of Omaha Insurance Company	\$50.00	04/09/2010	35530065

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/09/2010	04/09/2010

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Disposition

Disposition Date: 04/09/2010

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>MUTM-126570859</i>	<i>State:</i>	<i>Arkansas</i>
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Fee Schedule Cert	Approved-Closed	Yes
Supporting Document	Memo of Variability	Approved-Closed	Yes
Supporting Document	Actuarial Memo	Approved-Closed	Yes
Form	Benefit Provision	Approved-Closed	Yes

SERFF Tracking Number: MUTM-126570859 State: Arkansas

Filing Company: Mutual of Omaha Insurance Company State Tracking Number: 45389

Company Tracking Number: MIKE DILORENZO

TOI: H04 Health - Blanket Accident/Sickness Sub-TOI: H04.000 Health - Blanket Accident/Sickness

Product Name: 2010 6425M REV 04-10 Benefit Provision

Project Name/Number: 2010 6425M REV 04-10 Benefit Provision/6425M REV 04-10

Form Schedule

Lead Form Number: 6425M REV 04-10

Schedule Item	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/09/2010	6425M REV 04-10	Policy/Cont Benefit Provision ract/Fratern al Certificate: Amendmen t, Insert Page, Endorseme nt or Rider	Initial			6425M REV 04-10.pdf

BENEFIT PROVISION

Accident Medical Expense Benefits

This provision applies only to the class or classes of Insureds specified in the Plan of Insurance.

The Insured is covered for Injuries received while insured under the policy or certificate and this provision. The Medical Benefit, Medical Deductible and Maximum Benefit Amount are specified in the Plan of Insurance.

Provision Date (same as the Policy Date or Certificate Date if no date is shown) []

PART A.

DEFINITIONS

The definitions in the policy, certificate and Insuring Provision(s) apply to this Benefit Provision. In addition, the following definitions are added.

"Ambulatory Surgical Center" means a facility which is licensed as an Ambulatory Surgical Center by the state in which it is located.

["Athletic Trainer" means a health care professional: (a) other than the Insured, a person who lives with the Insured or is part of the Insured's family (Insured's Spouse; or a child, brother, sister or parent of Insured or Insured's Spouse); (b) not employed by the [Accountholder] [or] [Policyholder]; (c) certified by the Board of Certification for Athletic Trainers; (d) practicing within the scope of his or her certification; (e) recognized as an athletic trainer in the state where the services are rendered; and (f) acting under the direction of a Legally Qualified Physician or on a prescription of a Legally Qualified Physician.]

"Medical Expense" means expense incurred for Medically Necessary services and supplies ordered or prescribed by a Legally Qualified Physician. Not included are amounts in excess of the Usual and Customary Charges. Medical Expense is incurred on the date the service or supply is received.

"Legally Qualified Physician" means a physician: (a) other than the Insured; (b) practicing within the scope of his or her license; and (c) recognized as a physician in the state where the services are rendered.

A "Medically Necessary" service or supply means one which: (a) is recommended by the attending Legally Qualified Physician; (b) is appropriate and consistent with the diagnosis in accord with accepted standards of community practice; and (c) could not have been omitted without adversely affecting the Insured's condition or the quality of medical care.

"Usual and Customary Charges" means those comparable charges for similar treatment, services and supplies in the geographic area where treatment is performed.

PART B.

BENEFITS

When covered Injuries result in treatment by a Legally Qualified Physician beginning within [_____] days after the date of the accident that caused the Injuries, we will pay the Medical Expense incurred in excess of the Medical Deductible, if any, up to the Maximum Benefit Amount. Benefits shall not exceed the Usual and Customary Charges.

Eligible Medical Expenses are as follows:

- [(a) Treatment by a Legally Qualified Physician;]
- [(b) Care or services from a Hospital or Ambulatory Surgical Center;]
- [(c) Services from a registered graduate nurse (RN or LPN) not related to the Insured by blood or marriage;]
- [(d) Professional ambulance service;]
- [(e) Orthopedic appliances;]
- [(f) Treatment by an Athletic Trainer;]
- [(g) Treatment by a physical therapist.]

Only covered Medical Expense incurred by the Insured within [_____] weeks from the date of the accident is covered. Benefits for any one accident shall not exceed, in the aggregate, the Medical Benefit.

PART C.

EXCLUSIONS AND LIMITATIONS

This provision is subject to the Exclusions and Limitations of the Insuring Provisions applicable to the Insured. Exclusions and Limitations also include: [(a) the cost of eyeglasses, contact lenses or examinations for either;] [(b) the cost of dental treatment, except as specifically provided for Injuries to sound, natural teeth;] [(c) Injuries covered by workers' compensation or employer's liability laws;] [(d) treatment of a hernia;] [(e) prescription drugs;] [(f) ambulance services;] or [(g) orthopedic appliances.]

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Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	04/09/2010
Comments:			
Attachment:			
AR Read Cert.pdf			

		Item Status:	Status
			Date:
Bypassed - Item:	Application	Approved-Closed	04/09/2010
Bypass Reason:	Not required for this filing.		
Comments:			

		Item Status:	Status
			Date:
Satisfied - Item:	Fee Schedule Cert	Approved-Closed	04/09/2010
Comments:			
Attachment:			
AR Fee Schedule Cert .pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Memo of Variability	Approved-Closed	04/09/2010
Comments:			
Attachment:			
Memo of Variability.pdf			

		Item Status:	Status
			Date:
Satisfied - Item:	Actuarial Memo	Approved-Closed	04/09/2010
Comments:			
Attachment:			

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Actuarial Memo for Form 6425M REV 04-10.pdf

CERTIFICATION

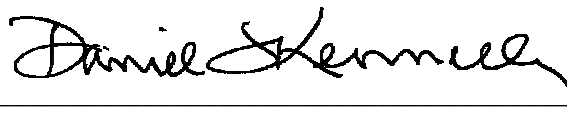
This is to certify that the attached form(s) has/have achieved the following Flesch Reading Ease Score(s) and complies/comply with the requirements of Ark. Stat. §§66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.

<u>Form</u>	<u>Description</u>	<u>Score</u>
6425M REV 04-10	Benefit Provision	40*

*Meets or exceeds your state's Flesch requirement when scored with the base policy.

Mutual of Omaha Insurance Company

Date: April 9, 2010



Daniel J. Kennelly
Vice President & Chief Compliance Officer

ARKANSAS
INSURANCE
DEPARTMENT

400 University Tower Building
1123 South University Ave.
Little Rock, Arkansas 72204

Lee Douglass
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: Mutual of Omaha Insurance Company

Company NAIC Code: 261-71412

Company Contact Person & Phone: Mike DiLorenzo

402-351-5979

INSURANCE DEPARTMENT USE ONLY:

ANALYST: _____ AMOUNT: _____ ROUTE SLIP: _____

ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LIFE OF BUSINESS, UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing and review, per each policy, contract, annuity form, per each insurer, per each filing.

* 1 X \$50 = \$ 50.00

**Retaliatory \$ _____

Life and/or Disability - Filing and review of each rate filing or loss ratio guarantee filing, per each insurer.

* _____ X \$50 = _____

**Retaliatory \$ _____

Life and/or Disability Policy, Contract or Annuity Forms : Filing and review of each certificate, rider, endorsement or application if each is filed separately from the basic form.

* _____ X \$20 = _____

**Retaliatory \$ _____

Life and/or Disability: Filing and review of Insurer's advertisements, per advertisement, per each insurer.

* _____ X \$25 = \$ _____

**Retaliatory \$ _____

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to amend an Insurer's Certificate of Authority

* _____ X \$400 = _____

Filing to amend Certificate of Authority.

*** _____ X \$100 = _____

***THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE AND REGULATION 57.**

****THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK. CODE ANN. 23-63-102, RETALIATORY TAX.**

*****THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. SEC. 23-61-401.**

MEMORANDUM OF VARIABILITY

6425M REV 04-10

NOTE - The variability shown in the submitted form is marked in brackets.

- Unless otherwise stated, bracketed language will or will not print as appropriate to meet the differing needs of our customers. We will not add new variables unless submitted for your prior review and approval.
- Formatting is variable, so that an ordered list such as items (a), (b) and (c) could change to (1), (2) and (3), or could be changed to bullet points, if so requested.
- Provision Date - appropriate date will print, if necessary.
- Definitions - Athletic Trainer - Definition will print if it is an included benefit. Policyholder or Accountholder will print as appropriate.
- Benefits - ...beginning within 30 days; range is 30-365 days
- Benefits - ...by the Insured within 52 weeks; range is 52-156 weeks

**MUTUAL OF OMAHA INSURANCE COMPANY
ACTUARIAL MEMORANDUM**

March 23, 2010

Re: Form 6425M REV 04-10

Scope and Purpose of Filing

This is a filing for revisions to an existing approved rider that attaches to policy form T5MP.

Description of Revisions

The revised rider includes a new benefit that is optional for the policyholder.

The optional benefit is coverage for services provided by a certified athletic trainer up to a specified maximum benefit, provided that the athletic trainer is not a family member of the insured, is not employed by the policyholder, and is acting under the direction of a legally qualified physician or on a prescription of a legally qualified physician.

Premium Rates

It is anticipated that the optional benefit covering expenses for athletic trainers will have a negligible overall impact on rates. It is expected that the cost for new covered services will be approximately offset by the lower cost of services that are currently provided by a legally qualified physician.

Certification

To the best of my knowledge and judgment, the premium rates charged under this rider do not discriminate between policyholders and are reasonable in relation to the benefits provided.



Scott B. Sather, FSA, MAAA
Managing Actuary
Special Markets Product Performance